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Accepted/Filed

OCT 30 2013

FCC Office of the Secretary

October 14, 2013

*Via Electronic Filing*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of New Lisbon Telephone Company, Inc.  
Study Area Code 320796

Dear Executive Secretary:

On behalf of New Lisbon Telephone Company, Inc. ("New Lisbon"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules<sup>1</sup>. New Lisbon seeks confidential treatment under Protective Order for the information filed pursuant to section 54.313(f)(2) of the Commission's regulations<sup>2</sup>. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

Vantage Point Solutions

/s/ Doug Eidahl  
VP of Consulting  
Phone: (605) 995-1750  
Fax: (605) 995-1778  
Doug.Eidahl@Vantagepnt.com  
Enclosure(s)

cc: Steve Poore, General Manager, New Lisbon Telephone Company, Inc.  
Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd 011  
List ABCDE

<sup>1</sup> 47 C.F.R. 54.313 and 47 C.F.R. 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. 54.313(f)(2).

Form 481 - Carrier Annual Reporting  
 Data Collection Form  
 OMB No. 300-0015  
 U.S. Department of Justice  
 Federal Bureau of Investigation

<010> Study Area Code 320796

<015> Study Area Name New Lisbon Telephone Company

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Steve Poore

<035> Contact Telephone Number: Number of the person identified in data line <030> 765-332-2000

<039> Contact Email: Email of the person identified in data line <030> steve@nlc.net

ANNUAL REPORTING FOR ALL CARRIERS

Complete Required Complete Not Required

		(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		
<300>	Unfulfilled Service Requests (voice) \$0	<input checked="" type="checkbox"/>	
<310>	Detail on Attempts (voice) (attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband) \$0	<input checked="" type="checkbox"/>	
<330>	Detail on Attempts (broadband) (attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed 0		
<420>	Mobile		
<440>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	
<450>	Fixed 0		
<450>	Mobile		
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	Functionality in Emergency Situations (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Company Price Offerings (voice) (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	Company Price Offerings (broadband) (attach descriptive document)		
<700>	Operating Companies and Affiliates (complete attached worksheet)		
<710>	Tribal Land Offerings (Y/N)? (complete attached worksheet)		
<800>	Voice Services Rate Comparability (complete attached worksheet)		
<900>	Terrestrial Backhaul (Y/N)? (if yes, complete attached worksheet)		
<1000>	Terms and Condition for Lifeline Customers (check to indicate certification)		
<1010>	yes (attach descriptive document)		
<1100>	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200>	(complete attached worksheet)		<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

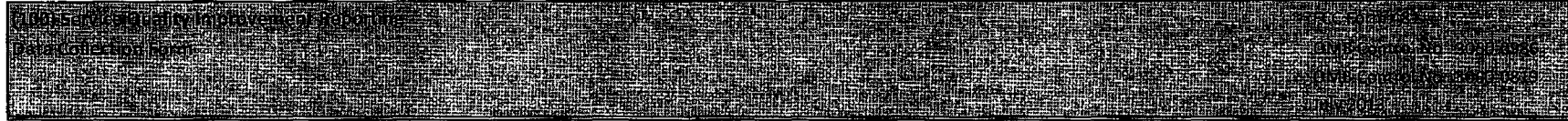
<2000> (check to indicate certification)

<2005> (complete attached worksheet)

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000> (check to indicate certification)

<3005> (complete attached worksheet)



<010>	Study Area Code	320796
<015>	Study Area Name	New Lisbon Telephone
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Poore
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-332-2413
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@nltc.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) no
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.


REDACTED - FOR PUBLIC INSPECTION

20000442imp form 4415-2001 April 13

<010>	Study Area Code	320796
<015>	Study Area Name	New Lisbon Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Poore
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-332-2413
<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:steve@nltc.net">steve@nltc.net</a>
<810>	Reporting Carrier	New Lisbon Telephone Company
<811>	Holding Company	N/A
<812>	Operating Company	N/A

[illegible]

REDACTED - FOR PUBLIC INSPECTION



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<020>	Program Year	2014
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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐



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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@nlts.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 320796IN1210.pdf  
Name of attached document (.pdf)

<1220> Link to Public Website HTTP \_\_\_\_\_

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒



<010>	Study Area Code	320795
<015>	Study Area Name	New Lisbon Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Steve Poore
<035>	Contact Telephone Number - Number of person identified in data line <030>	765-332-2413
<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@nltc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

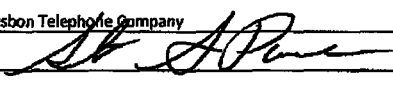
Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> Yes (Yes/No)
(3014)	If yes, does your company file the RUS annual report		<input type="checkbox"/> No (Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?		<input type="checkbox"/> Yes (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	320795IN3026.PDF



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<039>	Contact Email Address - Email Address of person identified in data line <030>	steve@nltc.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: New Lisbon Telephone Company		
Signature of Authorized Officer:		Date 10/15/2013
Printed name of Authorized Officer: Steve Poore		
Title or position of Authorized Officer: General Manager		
Telephone number of Authorized Officer: 765-332-2000		
Study Area Code of Reporting Carrier: 320796	Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		



**CERTIFICATION OF NEW LISBON TELEPHONE COMPANY, INC.**

**Reporting Period January 1 – December 31, 2012**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, New Lisbon Telephone Company, Inc. hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2).

New Lisbon Telephone Company, Inc. is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. New Lisbon Telephone Company, Inc. has backup battery reserve and automatic power generator in its central office, which enables it to provide service for a reasonable period of time if external power is lost. New Lisbon Telephone Company, Inc.'s network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. New Lisbon Telephone Company, Inc. has redundancy in its network for use in rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on October 15, 2013.

/s/ Steve Poore

Steve Poore, General Manager, New Lisbon Telephone Company, Inc.

**CERTIFICATION OF NEW LISBON TELEPHONE COMPANY, INC.**

**Reporting Period January 1 – December 31, 2012**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, New Lisbon Telephone Company, Inc. hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. New Lisbon Telephone Company, Inc. follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are annual notices to customers on matters related to customer privacy. New Lisbon Telephone Company, Inc. has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on October 15, 2013.

/s/ Steve Poore

Steve Poore, General Manager, New Lisbon Telephone Company, Inc.

APPLICATION FOR LIFELINE AND/OR LINK-UP TELEPHONE SERVICE

Eligibility for Lifeline and/or Link-Up Telephone Service is dependent on Applicant's participation in one or more of the programs listed below.

1. I hereby certify that I participate in the following programs (check all that apply):

☐ Federal Public Housing Assistance or Section 8  
☐ Food Stamps  
☐ Low Income Home Energy Assistance Program (LIHEAP)  
☐ Medicaid  
☐ National School Free Lunch Program  
☐ Supplemental Security Income  
☐ Temporary Assistance for Needy Families (TANF)

2. I also hereby certify that:

-My telephone service is listed in my name;  
-I am not listed as a dependent on another person's tax return;  
-The address listed is my primary residence; not a second home or business; and

3. If in the future I no longer participate in at least one of the programs listed in item 1 above or conditions in item 2 above change; I will promptly notify my local telephone company that I am no longer eligible for Lifeline and/or Link-Up Telephone Service.

4. I authorize my local telephone company or it's duly appointed representative to access any records required to verify these statements to confirm my continued participation in the above programs. I authorize representatives of the above programs to discuss with and/or provide copies to my local telephone company, if requested by the company, to verify my participation in the above programs and my eligibility for lifeline or Link-Up Telephone Service.

5. I (we) affirm, under penalty of perjury, that the foregoing representations are true.

APPLICANT'S NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE NUMBER (IF ALREADY ESTABLISHED)

NUMBER OF INDIVIDUALS IN HOUSEHOLD: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPLETED APPLICATION FORMS SHOULD BE SUBMITTED DIRECTLY TO LOCAL  
TELEPHONE SERVICE UTILITIES.

REDACTED – FOR PUBLIC INSPECTION

NEW LISBON TELEPHONE COMPANY, INC. (SAC 320796)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY